

Instant Savings Program

Savings off your private or commercial insurance co-pay, deductible, and co-insurance medication costs for INVEGA SUSTENNA® and INVEGA TRINZA®:

- Pay no more than \$10 on each out-of-pocket drug expense for INVEGA SUSTENNA® or INVEGA TRINZA® at either the pharmacy or for medication purchased at the physician's office.
- Program exhausts after 13 doses of INVEGA SUSTENNA®, 4 doses of INVEGA TRINZA®, or \$8000, whichever comes first.



INSTANT SAVINGS PROGRAM

See Reverse • No Activation Required • Restrictions Apply
For any questions, call 1-888-535-2850

BIN: 610020
GROUP: INVSUSTENNA01
MEMBER: 86163943909

Offer for new enrollment expires December 31, 2018.

Please see full Prescribing Information, including Boxed Warning, available at InvegaTrinza.com and InvegaSustenna.com.

Patient: This offer is provided to you as a service by Janssen Pharmaceuticals, Inc. Present this offer along with a signed prescription for INVEGA SUSTENNA® or INVEGA TRINZA® and pay no more than \$10 on each out-of-pocket drug at either the pharmacy or for medication purchased at the physician's office. Program exhausts after 13 doses of INVEGA SUSTENNA®, 4 doses of INVEGA TRINZA®, or \$8000, whichever comes first. This offer may not be redeemed for cash. One enrollment per person per year. By redeeming this offer, you certify that you will not submit a claim for amounts covered by this offer for payment to any third-party payers, including a Flexible Spending Account (FSA), a Health Savings Account (HSA), or a Health Reimbursement Account (HRA). Please ensure that you comply with any co-pay program disclosure requirements of your insurance carrier or third-party payer. Card not available to individuals enrolled in federally subsidized healthcare programs that cover prescription drugs, including Medicare, Medicaid, TRICARE, or any similar federal or state programs, including patient assistance programs. Use of this card is subject to the program eligibility and restrictions, which can be found in the Instant Savings Program brochure which can be found online at www.InvegaTrinza.com.

Pharmacist: For insured patients, process a Coordination of Benefits (COB/split bill) claim using the patient's prescription insurance for the PRIMARY claim. Submit the SECONDARY claim to PDM under BIN# 610020. You will be reimbursed for the face value of the offer plus a dispensing fee, provided you and the customer have complied with the terms of this offer. Cash value: 1/20¢. No alterations of this offer will be accepted. Out-of-pocket cost assistance may not exceed the patient's out-of-pocket expense or the amount set by the program's limits, whichever is less. For questions regarding setup, claim transmission, patient eligibility, enrollment, or other issues, call 1-866-562-6177.

Offer valid only for the products indicated. Any other use may constitute fraud. The selling, purchasing, trading, or counterfeiting of this card is prohibited by federal law, and such activities may result in imprisonment for not more than 10 years or fines of not more than \$250,000, or both. CARD CANNOT BE BOUGHT, TRANSFERRED, OR SOLD. OFFER CANNOT BE COMBINED WITH ANY OTHER OFFER, DISCOUNT, PRESCRIPTION SAVINGS CARD, OR FREE TRIAL. Customer is responsible for any sales tax. Tax charged on pre-offer price where required. No cash back. Offer good only in the United States and Puerto Rico. For Massachusetts residents only, this offer is subject to change per state legislation. Janssen Pharmaceuticals, Inc. reserves the right to rescind, revoke, or amend this offer without notice at any time. Void where prohibited, taxed, or otherwise restricted by law

DISCLOSURES:

You may be eligible for the Instant Savings Program benefits if you:

- Have been prescribed INVEGA SUSTENNA® or INVEGA TRINZA®.
- Currently have commercial insurance that covers medication costs for INVEGA SUSTENNA® or INVEGA TRINZA®.

Other restrictions:

- This offer may not be combined with any other coupon, discount, prescription savings card, free trial, or other offer.
- This program is not available to individuals enrolled in federal or state subsidized healthcare programs that cover prescription drugs, including Medicare, such as the Medicare Part D prescription drug benefit, Medicaid, TriCare, or any other federal or state healthcare plan, including pharmaceutical assistance programs. Participants certify that they will not seek reimbursement or compensation from any of these programs, to include a Flexible Spending Account (FSA), a Health Savings Account (HSA), or a Health Reimbursement Account (HRA).

- The selling, purchasing, trading, or counterfeiting of this card is prohibited.
- Offer good only in the United States and Puerto Rico. For Massachusetts residents only, this offer is subject to change per state legislation. Janssen Pharmaceuticals, Inc., reserves the right to rescind, revoke, or amend this offer without notice at any time. Void where prohibited, taxed, or otherwise restricted by law.
- Offer expires December 31, 2018. Each patient can enroll in this program only once per year.
- Before you use your card, it is important that you understand that any personal information collected during the program is necessary to permit Janssen Pharmaceuticals, Inc., the manufacturer of INVEGA SUSTENNA® and INVEGA TRINZA®, to support the program, including other affiliates and parent companies, to provide benefits to you related to the use of your Instant Savings Card. The information you provide will be shared with companies supporting the program and as required by law.

Please see full [Prescribing Information](#) including Boxed WARNING for INVEGA TRINZA®.

Please see full [Prescribing Information](#) including Boxed WARNING for INVEGA SUSTENNA®.